

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90159 011 ****50.00

DOCUMENT # M99000001129

1. Entity Name

HELIX MANAGEMENT COMPANY II, L.L.C.



Principal Place of Business

Mailing Address

**340 SUNSET DRIVE, #1801
FORT LAUDERDALE FL 33301**

**340 SUNSET DRIVE, #1801
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

933 E. 56th St., #15M

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#15M

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10022

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3267930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES
9200 SOUTH DADELAND BLVD
SUITE 508
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM STERN, YOAV 340 SUNSET DRIVE, #1801 FORT LAUDERDALE FL 33301	<input type="checkbox"/>		<input type="checkbox"/>
MGRM NEDIVI, ZVI R 764 NW 100TH TERRACE PLANTATION FL 33324	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0023181

CR2E083 (10/02)